IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

IN RE:)
Jeremy B. Shepherd) Case No. 24-20435 CMB
Jennifer N. Shepherd,) Chapter 13
Debtors) Docket No.
Jeremy B. Shepherd)
Jennifer N. Shepherd,)
Movants)
)
VS.)
No Respondents)
AMEN	DMENT COVER SHEET
Amendment(s) to the following petition herewith:	n, list(s), schedule(s), or statement(s) are transmitted
Voluntary Petition Spe	ecify reason for amendment:
Official Form 6 Schedules (Iten	nization of Changes Must be Specified)
Summary of Schedules	inzution of Changes Mast of Specifical
Schedule A – Real Prope	erty
Schedule B - Personal Pro	
Schedule C – Property Cla	± •
Schedule D – Creditors l	nolding Secured Claims}
Check one:	
Creditor(s)	
	itor(s) added
Creditor(s	
	Holding Unsecured Priority Claims
Check one:	L.LL. (-
Creditor(s	s) added itor(s) added
Creditor(s	
	Holding Unsecured Nonpriority Claims
Check one:	Tolding Onsecured Nonpriority Claims
Creditor(s)	added
	itor(s) added
Creditor(s	
	Contracts and Unexpired Leases
	=

Check one:					
Creditor(s) added					
NO creditor(s) added					
Creditor(s) deleted					
Schedule H – Codebtors					
<u>X</u> Schedule I - Current Income of Individual Debtor(s)					
Schedule J- Current Expenditures of Individual Debtor(s)					
Statement of Financial Affairs					
Chapter 7 Individual Debtor's Statem	nent of Intention				
Chapter 11 List of Equity Security Holders					
Chapter 11 List of Creditors Holding	20 Largest Unsecured Claims				
Disclosure of Compensation of Attor	ney for Debtor				
Other:					
Date: <u>April 24, 2025</u>	/s/ Kenneth Steidl				
	Kenneth Steidl, Esquire				
	Attorney for the Debtors				
	STEIDL & STEINBERG				
	436 Seventh Avenue, Suite 322				
	Pittsburgh, PA 15219				
	(412) 391-8000				
	PA I.D. No. 34965				
	ken.steidl@steidl-steinberg.com				

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this informa	ation to identify your case:	
Debtor 1	Jeremy B. Shepherd	_
Debtor 2 (Spouse, if filing)	Jennifer N. Shepherd	_
United States Ba	nkruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
Case number	24-20435	Check if this is:
(If known)		An amended filing
000 : 15	4001	A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	11: Describe Employment							
۱.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse				
	If you have more than one job,	Empleyment status	■ Employed	■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed				
	employers.	Occupation		Assistant Market Advisor				
	Include part-time, seasonal, or self-employed work.	Employer's name	ABC Transit Inc.	PNC Bank				
	Occupation may include student or homemaker, if it applies.	Employer's address	714 Ekastown Road Sarver, PA 16055-9724	1900 East 9th Street Cleveland, OH 44114				
		How long employed the	·					

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,382.36 5,066.67 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. 2,382.36 5,066.67

Schedule I: Your Income Official Form 106I page 1

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Deb Deb	tor 1 tor 2	Jeremy B. Shepherd Jennifer N. Shepherd	_	C	Case	number (<i>if known</i>)	2	4-20435		
	Сор	y line 4 here	4.		For \$	Debtor 1 2,382.36	1	For Debtor non-filing s		
					_			·		
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$_	318.03			520.00	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00		\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00		. — — —	211.98	
	5d.	Required repayments of retirement fund loans	5d.		\$_ \$	0.00			524.09	
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.		» \$	0.00		\$ \$	694.77 0.00	
	5g.	Union dues	5g.		_{\$} —	0.00		\$	0.00	
	5g. 5h.	Other deductions. Specify:	5h.		<u>\$</u> —	0.00		·	0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		* \$	318.03			950.84	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,064.33	,		115.83	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	;	\$	0.00	
	8b.	Interest and dividends	8b.		\$	0.00	,	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	,	\$	0.00	
	8d.	Unemployment compensation	8d.		\$	0.00	,	\$	0.00	
	8e.	Social Security	8e.		\$	0.00	,	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	;	\$	0.00	
	8g.	Pension or retirement income	8g.		\$	0.00		\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$	0.00	+ :	\$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	0.00	;	\$	0.00	
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		2,064.33 + \$		2,115.83	= \$	4,180.16
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		–		E,004.33		2,113.03	\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4,100.10
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depe			•				0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							\$	4,180.16
										iea / income
13.	Do y ■ □	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?							, .